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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

9-2

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20612

STATE FILE NUMBER

FILED JUL 15 1957

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN New Haven	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital				Length of stay in lb 4		d. STREET ADDRESS (If outside, give location) 0369	
3. NAME OF DECEASED (Type or print) First Frank Middle Buchheit Last Buchheit				4. DATE OF DEATH Month July Day 5 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 2, 1910	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager of COOP.		10b. KIND OF BUSINESS OR INDUSTRY M. F. A. Exchange		11. BIRTHPLACE (City and state or country) Buhle Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Frank Buchheit				14. MOTHER'S MAIDEN NAME Anna Schonhoff			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-16-2781		17. INFORMANT Address James Buchheit New Haven Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction						INTERVAL BETWEEN ONSET AND DEATH 9 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n).						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7/12/56 to 7/5/56 and last saw him him alive on 7/5/56 Death occurred at 5:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) B. D. Eismann M.D.				22b. ADDRESS New Haven, Mo.		22c. DATE SIGNED 7/6/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 8, 1957		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.		23d. LOCATION (City, town, or county) (State) perryville Mo.	
24. FUNERAL DIRECTOR ADDRESS L. C. Fertig & son New Haven Mo				25. DATE RECD. BY LOCAL REG. 7/6/57		26. REGISTRAR'S SIGNATURE R. L. Lefkowitz & R. L. Lefkowitz	

MT. HOPE CEM.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by ME, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Earl C. Dering

Licensed Embalmer No. 38

P. O. Address New Hope, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.